SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

FILED
Oct 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000050869 (2)**

1. Corporation Name
FEATHER FRIENDZY, INC.

Principal Place of Business	Mailing Address
22825 CR 561 ASTATULA FL 34705 US	PO BOX 145 ASTATULA FL 34705 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/13/1996

2. Principal Place of Business
21 _____
Suite, Apt. #, etc.
22 _____
City & State
23 _____
Zip 24 _____ Country 25 _____

2a. Mailing Address
26 _____
Suite, Apt. #, etc.
27 _____
City & State
28 _____
Zip 29 _____ Country 30 _____

4. FEI Number: 65-0644639 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
WHITE, DONALD M
22825 CR 561
ASTATULA FL 34705

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DV	☐ DELETE	1.1 TITLE	P	☒ Change ☐ Addition
NAME	WHITE, SANDRA R		1.2 NAME	WHITE, SANDRA R.	
STREET ADDRESS	22825 CR 561 PO BOX 145		1.3 STREET ADDRESS	22825 CR 561	
CITY-ST-ZIP	ASTATULA FL		1.4 CITY-ST-ZIP	ASTATULA, FL 34705	
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WHITE, RICK R		2.2 NAME		
STREET ADDRESS	2100 BEACON HILL DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	LANSING MI 48906		2.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	3.1 TITLE	VP	☒ Change ☐ Addition
NAME	WHITE, DONALD M		3.2 NAME	WHITE, DONALD M.	
STREET ADDRESS	22825 CR 561		3.3 STREET ADDRESS	22825 CR 561	
CITY-ST-ZIP	ASTATULA FL		3.4 CITY-ST-ZIP	ASTATULA, FL 34705	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (5/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 9-22-98 352-347-9345